Please type a plus sign (+) inside this box -Please type a plus sign (+) inside this box + Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **CHANGE OF**

PTO/SB/122 (10-00)

CORRESPONDENCE ADDRESS Application

Address to:

Assistant Commissioner for Patents Washington, D.C. 20231

		טווטי
Application Number	09/241,857	
Filing Date	2/2/1999 REC	
First Named Inventor	Pogrebinsky	VEC
Group Art Unit	700/17	1.
Examiner Name	Chholon.	001
Attorney Docket Number	P-2163-US Cens	25.20

Please change the Correspond	dence Address for the abo	ove-identified ap	plication		
to: X Customer Number	ustomer Number 021884				
LA Customer Humber	Type Customer Number he	re		Lab 2 1 8 8 4	
OR "				PATENT TRADEMARK OFFICE	
Firm or Individual Name					
Address					
Address					
City		State		ZIP	
Country					
Telephone		Fax			
data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the : Applicant/Inventor. Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). X Attorney or Agent of record. Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number					
Typed or Printed Name John L. Welsh					
Signature / / / / / / / / / / / / / / / / / / /					
Date 10/10/2001					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
*Total of forms are su	bmitted.				